

# ARMY CHILD AND YOUTH SERVICES PROGRAM PLACEMENT CHECKLIST

For use of this form, see AR 608-75; the proponent agency is OACSIM.

## Part A - General Information

1. Child's name	2. Date of birth (YYYYMMDD)
3. Type of placement requested	4. Date of review (YYYYMMDD)

## Part B - Medical Factors

1. Medications Type _____ Dosage _____ Frequency _____ <input type="checkbox"/> None
2. Physical accommodations <input type="checkbox"/> Facility accessibility assessment <input type="checkbox"/> Assistive devices and/or technology <input type="checkbox"/> Other (Explain) _____
3. Assistance with activities of daily living <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Toileting/diapering <input type="checkbox"/> Other (Explain) _____
4. Dietary restrictions <input type="checkbox"/> Food allergies <input type="checkbox"/> Special diet <input type="checkbox"/> Other (Explain) _____
5. Routine or "as needed" medical procedures <input type="checkbox"/> Glucose monitoring <input type="checkbox"/> Use of hand held or powered nebulizers <input type="checkbox"/> Catherization <input type="checkbox"/> Gastrostomy tube feeding <input type="checkbox"/> Other (Explain) _____

NOTE: Medical factors are one consideration in determining placement.

6. Potential for life threatening event (for example, allergic reaction, seizure, heat exhaustion)

7. Other

**Part C - Staff Training**

1. Type of training required

2. Trainer

3. Projected training date (YYYYMMDD)

4. Frequency

5. Location

\_\_\_\_\_  
Signature of Army Public Health Nurse

\_\_\_\_\_  
Date (YYYYMMDD)